**MONEY ADVICE PACK**

NAME …………………………………………………………………………………………………………………………………….

CLIENT REFERENCE No:…………………………………………………………………………………

Date Money Advice Pack given:…………………………………………………………………………………..

Date pack returned to CAB:……………………………………

Date scanned and data entered by Name: ………………………………………………………. Date: …………………

WHAT YOU NEED TO DO:

1. Please complete these forms as fully as possible. Everything you tell us is treated confidentially and will enable us to assist you with your debt issues.

1. Once completed please return to the bureau and arrange an advice appointment.
2. At the advice appointment please provide the following:
	1. Photo ID (or birth / marriage certificate if not available)
	2. Recent pay slips
	3. Last 3 months bank statements
	4. Proof of benefits/pensions and latest statement
	5. Tax credit details
	6. Details of all bills (electricity/gas/water/telephone)
	7. Copies of original hire purchase/loan agreements
	8. Credit card/store card statements
	9. Any paperwork received from creditors inc those from the collection agencies/courts

Please print out all statements as we are unable to read from your phone

**Regulation and complaints**

Our debt advice is authorised and regulated by the Financial Conduct Authority. If you're unhappy with our service, please follow our complaints procedure at <https://www.citizensadvice.org.uk/about-us/contact-us/contact-us/check-how-we-deal-with-your-complaints/>

If you're unhappy with our response to your complaint, you can complain to the Financial Ombudsman Service. Visit[www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk/) for details.

# PROFILE INFORMATION

|  |  |
| --- | --- |
| Number of children under 16  |  |
| Number of children under 16-18  |  |
| Other dependents  |  |
| Total number of people in household  |  |
| Number of vehicles owned  |  |

Partner’s Name …………………………………………………………………………………………..

**Housing** (Please circle)

Owner Mortgage Tenant- Private Tenant- Social

Living with parents other

## Current employment status (Please circle)

Full-time Part-time Self-employed unemployed retired not working due to illness/disability carer student other

## Partner’s employment status (Please circle)

Full-time Part-time Self-employed unemployed retired not working due to illness/disability carer student other

## INCOME (Take home)

|  |  |  |
| --- | --- | --- |
| **EARNINGS**  | **£**  | **Monthly/weekly**  |
| Client’s salary/wages  |  |  |
| Partner’s salary/wages  |  |  |
| Other earnings inc self-employment  |  |  |
| **Benefits & Tax credits**  | **£**  | **Monthly/weekly**  |
| Universal credit  |  |  |
| Job seekers allowance (income based)  |  |  |
| Job seekers allowance (contribution based)  |  |  |
| Income Support  |  |  |
| Working tax credit  |  |  |
| Child tax credit  |  |  |
| Child benefit  |  |  |
| Employment support allowance/statutory sick pay  |  |  |
| Disability benefits  |  |  |
| Carers allowance  |  |  |
| Council tax support  |  |  |
| Other eg maternity  |  |  |
|   |  |  |
| **Pensions**  | £  | **Monthly/weekly**  |
| State Pension  |   |   |
| Private/work pension  |   |   |
| Pension Credit  |   |   |
| Other pensions  |   |   |
| **Other Income**  | £  | **Monthly/weekly**  |
| Maintenance/child support  |   |   |
| Boarders/Lodgers  |   |   |
| Non-dependent contributions  |   |   |
| Student loans/grants  |   |   |
| Other  |   |   |

## ASSETS

### House or flat

|  |  |
| --- | --- |
| **Value of properties (less mortgages outstanding)**  |  |

### Other Assets

|  |  |
| --- | --- |
| **Value of vehicle (s) (less HP** **outstanding)** **Exclude disability adapted vehicles**  |  |
| **Savings**  |  |
| **Other assets**  |  |

### Pension Pot Entitlements

|  |  |
| --- | --- |
| **Defined contribution pension pot**  |  |
| **Defined contribution pension pot - partner**  |  |

# EXPENDITURE

|  |  |  |
| --- | --- | --- |
| **Home & contents**  | £  | **Monthly/weekly**  |
| Rent  |   |   |
| Ground rent/service charge  |   |   |
| Mortgage  |   |   |
| Mortgage endowment  |   |   |
| Secured loans  |   |   |
| Council tax  |   |   |
| Appliance and furniture rental /hire purchase  |   |   |
| Tv licence  |   |   |
| Other costs  |   |   |
| **Utilities**  | £  | **Monthly/weekly**  |
| Gas  |   |   |
| Electricity  |   |   |
| Other inc coal/oil/calor gas  |   |   |
| Other expenditure  |   |   |
| **Water**  | £  | **Monthly/weekly**  |
| Water supply  |   |   |
| Water waste  |   |   |
| **Care & health costs**  | £  | **Monthly/weekly**  |
| Childcare  |   |   |
| Adult care  |   |   |
| Child maintenance/support  |   |   |
| Prescriptions/medicines  |   |   |
| Dentistry & opticians  |   |   |
| Other health costs  |   |   |
| **Transport & Travel**  | £  | **Monthly/weekly**  |
| Public transport (work,school, shopping)  |   |   |
| Hire purchase/conditional sale vehicle  |   |   |
| Car insurance  |   |   |
| Road tax  |   |   |
| MOT & ongoing maintenance  |   |   |
| Breakdown cover  |   |   |

|  |  |  |
| --- | --- | --- |
| Fuel, parking, toll charges  |   |   |
| Other eg. taxis  |   |   |
| **School costs**  |  | £  | **Monthly/weekly**  |
| School uniform  |  |   |   |
| After school clubs/school trips  |  |   |   |
| Other school costs  |  |   |   |
| **Pensions & Insurances**  |  | £  | **Monthly/weekly**  |
| Pension payments  |  |   |   |
| Life insurance  |  |   |   |
| Mortgage payment protection  |  |   |   |
| Building & contents insurance  |  |   |   |
| Health insurance (medical/accident/dental)  |  |   |   |
| Other pension costs  |  |   |   |
| **Professional costs**  |  | **£**  | **Monthly/weekly**  |
| Professional courses  |  |   |   |
| Union fees  |  |   |   |
| Professional fees  |  |   |   |
| Other professional costs  |  |   |   |
| **Other essential costs**  |  | £  | **Monthly/weekly**  |
| Other  |  |   |   |
| **Communications and leisure**  |  | £  | **Monthly/weekly**  |
| Home phone, internet tv package  |  |   |   |
| Mobile phone  |  |   |   |
| Hobbies, leisure/sport eg. Socialising restaurants, outings,clubs  |  |   |   |
| Gifts (birthdays, festivals charity)  |  |   |   |
| Pocket money  |  |   |   |
| Newspapers/magazines  |  |   |   |
| Other leisure costs  |  |   |   |
| **Food & housekeeping**  |  | £  | **Monthly/weekly**  |
| Groceries inc. food pet food non- alcoholic drinks, cleaning  |  |   |   |
| Nappies & baby items  |  |   |   |
| School meals and meals at work  |  |   |   |
| Laundry & dry cleaning  |  |   |   |
| Alcohol  |  |   |   |
| Smoking products  |   |   |
| Vet bills & pet insurance  |   |   |
| House repairs/maintenance  |   |   |
| Other food / housekeeping costs  |   |   |

|  |  |  |
| --- | --- | --- |
| **Personal costs**  | £  | **Monthly/weekly**  |
| Clothing & footwear  |   |   |
| Hairdressing  |   |   |
| Toiletries  |   |   |
| Other personal costs  |   |   |
| **Savings**  | £  | **Monthly/weekly**  |
| Monthly saving amount  |   |   |

**DEBTS**

## Priority inc. mortgage, rent, council tax, utilities, child maintenance, tv licence, court fines, tax

|  |  |  |
| --- | --- | --- |
| **Creditor**  | **Amount owed**  | **Clt/partner/ joint**  |
|  |  |  |
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## Non-Priority inc. credit card, payday loan, catalogue, friends, loans, car finance

|  |  |  |
| --- | --- | --- |
| **Creditor**  | **Amount owed**  | **Clt/partner/ joint**  |
|  |  |  |
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##

## Consent for Credit Report

**Reference: CLI-**

**I give Citizens Advice Watford permission to apply for an Experian Credit Report on my behalf. This credit**

**report will confirm the amount of my debts.**

**I understand that Citizens Advice Watford will pass this information to Experian for the purposes of obtaining a free credit report.**

**Name:
(Mr/Mrs/Miss/Ms) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:**

  **PLEASE PROVIDE A MINIMUM OF SIX YEARS OF ADDRESSES**

**PLEASE PROVIDE A MINIMUM OF SIX YEARS OF ADDRESSES**

**Current Address:**

|  |  |  |
| --- | --- | --- |
| Time at this address: Yrs\_\_\_ Mths\_\_\_\_\_ From: / / To: / /  |  |   **PostCode:**  |

**Previous Address:**

|  |  |  |
| --- | --- | --- |
| Time at this address: Yrs\_\_\_ Mths\_\_\_\_\_ From: / / To: / /  |  |   **PostCode:**  |

**Previous Address:**

|  |  |  |
| --- | --- | --- |
| Time at this address: Yrs\_\_\_ Mths\_\_\_\_\_ From: / / To: / /  |  |   **PostCode:**  |

**Previous Address:**

|  |  |  |
| --- | --- | --- |
| Time at this address: Yrs\_\_\_ Mths\_\_\_\_\_ From: / / To: / /  |  |   **PostCode:**  |

### FORM OF AUTHORITY

 Client Ref: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At Citizens Advice Watford we must ask for your authority to act on your behalf when taking action for you. This form is used to do that. For more information, please talk to a member of staff.

|  |  |  |
| --- | --- | --- |
| **Client’s name:** |  |  **DOB:** |
| **Address:** |  |  |
|  |  |  |
| **Postcode:** |  |  |

I authorise the Citizens Advice Watford to act on my/our behalf, including taking up enquiries and receiving information.

☐ ​Yes ☐ ​No (please tick)

Concerning the issue of (tick all that apply):

|  |  |
| --- | --- |
| ☐ Employment  | ☐ Benefits |
| ☐ Money advice | ☐ Relationship and family |
| ☐ Housing | ☐ Consumer |
| ☐ Immigration | ☐ Discrimination |
| ☐ Health and community care | ☐ Travel and transport |
| ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

If it is agreed with you that we are to act on your behalf in connection with your enquiry this may be by telephone, letter, fax or email. We cannot guarantee that these are completely secure methods of communication.

**Sharing special category data:**

We need your explicit consent to share the special category data below.

Please tick the categories of data which you agree to us sharing as part of the referral:

Ethnicity ☐ Health condition ☐ Religion ☐ Trade Union membership ☐ Sexual orientation ☐

|  |  |
| --- | --- |
| **Signature(s):**  |  |
| **Date:** |  |

Citizens Advice Watford has a complaints handling procedure, full details of which are available on request.